

**BUSINESS PERMIT**  
**FIRE PROTECTION EQUIPMENT CONTRACTOR**

**Application Form**



		For Official Use Only
1. Federal ID. Number:		Received: _____ Check Number: _____ Returned: _____ Received: _____ Approved: _____ By: _____
2. DOT ID. Number:		
3. Business Name:		
Address:		
City, State, Zip:		
County:		
Business Telephone:		
Fax:		
4. Is this a minority or women owned business as defined by N.J.S.A. 52:27H - 21.8? (See the back of this application for explanation.) <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Do you certify that you are 18 years of age or older, possess good moral character, and have not been convicted of a crime of the first, second or third degree within 10 years prior to the filing of this application?  <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Provide on company letterhead: <ul style="list-style-type: none"><li>Name, address, and corporate title of each member, officer or director of your business.</li><li>The principal place of business and the location of each branch office.</li><li>The name of each person who has been identified as qualifying the business within each type of contractor service indicated in Box 6.</li><li>The emergency service telephone number attended to on a 24-hour basis for contractors who service or repair fire sprinkler, special hazard, fire alarm or kitchen fire suppression systems.</li><li>A statement that certifies that no employee of the business shall engage in the installation, service, repair, inspection or maintenance of fire protection equipment unless the business bears full responsibility for the inspection of all work to be performed.</li><li>A statement that the business shall be liable for any unprofessional conduct of an employee while acting within the scope of his employment.</li><li>Provide proof that the business has obtained commercial general liability insurance, including products and completed operations, in the minimum amount of \$1,000,000 for each coverage. Provide a copy of your certificate of insurance with this application.</li><li>If the business does not maintain at least one office within the State of New Jersey, complete and submit the attached out-of-state contractor power of attorney form.</li><li>A statement that each installation and service vehicle to be used in conjunction with the fire protection business shall be clearly marked with the business name, permit number, and 24-hour emergency service telephone number.</li></ul>		8. Submit a <b>\$250.00</b> application fee in the form of a check or money order payable to <b>"Treasurer State of New Jersey"</b> . Applications will not be processed unless payment is enclosed.
		9. I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.  _____ Signature  _____ Title  _____ Date
6. Which fire protection equipment services will you be providing with this permit? (Check all that apply).  <input type="checkbox"/> All Fire Protection Equipment Systems (see instructions, p.2) ..... <input type="checkbox"/> Fire Sprinkler System ..... <input type="checkbox"/> Special Hazard Fire Suppression System ..... <input type="checkbox"/> Fire Alarm System ..... <input type="checkbox"/> Portable Fire Extinguisher ..... <input type="checkbox"/> Kitchen Fire Suppression System .....		Questions regarding this application are to be directed to the Contractor Certification and Emblems Unit  Mon.-Fri. 8:30-4:30  609.633.6737 or 609.633.6322

# FIRE PROTECTION EQUIPMENT CONTRACTOR - BUSINESS PERMIT APPLICATION FORM INSTRUCTIONS

Note: Please type or print clearly on the application form. A permit will not be issued unless documentation is received and validated.

## Section

1. Enter your Federal employers identification number.
2. Enter your Federal Department of Transportation Hydrostatic Testing identification number. ( portable extinguishers only)
3. Provide your business name, address, county where your principal place of business is located, telephone and fax numbers.
4. “Minority business” means a business which is: A sole proprietorship, owned and controlled by minorities in which at least 51% of the ownership interest is held by minorities and whose management and daily business operations are controlled by one or more of the minorities who own it; or a corporation or other entity the management and daily business operations of which are controlled by one or more minorities who own it, and which is at least 51% owned by one or more minorities, or, if stock is issued, at least 51% of the stock of which is owned by one or more minorities.  
  
“Women’s business” means a business which is: A sole proprietorship owned and controlled by a women; or a partnership or joint venture owned and controlled by women in which at least 51% of the ownership is held by women; or a corporation or other entity the management and daily business operations of which are controlled by one or more women who own it, and which is at least 51% owned by women, or, if stock is issued, at least 51% of the stock of which is owned by one or more women.
5. Provide on company letterhead of paper the following items: (Please do not paraphrase statements)
  - Name, address, and title of each member, officer or director of your business.
  - The principal place of business and the location of each branch office.
  - The name of each person who has been identified as qualifying the business within each type of contractor service indicated in Box 6.
  - The emergency service telephone number attended to on a 24-hour basis for contractors who service or repair fire sprinkler, special hazard, fire alarm or kitchen fire suppression systems.
  - A statement that certifies that no employee of the business shall engage in the installation, service, repair, inspection or maintenance of fire protection equipment unless the business bears full responsibility for the inspection of all work to be performed.
  - A statement that the business shall be liable for any unprofessional conduct of an employee while acting within the scope of his employment.
  - Provide proof that the business has obtained commercial general liability insurance, including products and completed operations, in the minimum amount of \$1,000,000 for each coverage. Provide a copy of your certificate of insurance with this application.
  - If the business does not maintain at least one office within the State of New Jersey, complete and submit the attached out-of-state contractor power of attorney form.
  - A statement that each installation and service vehicle to be used in conjunction with the fire protection business shall be clearly marked with the business name, permit number, and 24-hour emergency service telephone number.
6. Indicate which contractor services your business performs. Select a contractor box on the left .
  - An “All Fire Protection Equipment Contractor” is authorized to install, service, repair, inspect and maintain all fire protection equipment.
  - A “Fire Sprinkler System Contractor” is authorized to install, service, repair, inspect and maintain fire sprinkler systems, including all underground work (private fire mains)
  - A “Special Hazard Fire Suppression System Contractor” is authorized to install, service, repair, inspect and maintain special hazard fire suppression systems and kitchen fire suppression systems.
  - A “Fire Alarm System Contractor” is authorized to install, service, repair, inspect and maintain all fire alarm systems.
  - A “Portable Fire Extinguisher Contractor” is authorized to install, service, repair, inspect and maintain all portable fire extinguishers.
  - A “Kitchen Fire Suppression System Contractor” is authorized to install, service, repair, inspect and maintain all kitchen fire suppression systems.
7. Answer the question.
8. Submit a **\$250.00** application fee in the form of a check or money order payable to “**Treasurer State of New Jersey**”. Applications will not be processed unless payment is enclosed.
9. The application form must be signed and dated by the business owner, director, or general manager. Forward the application form, application fee and supportive documentation to: **Contractor Certification and Emblems Unit, Division of Fire Safety, P.O. Box 809, Trenton, New Jersey 08625-0809. Physical address is 101 South Broad St. Trenton, NJ 08625**

Questions regarding Fire Protection Equipment Contractor Business Permit or certification requirements and procedures should be directed to the Division staff at **(609) 633-6737 or (609) 633-6322** from 8:30 a.m. to 4:30 p.m., Monday through